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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock Number 38-21(51470)

First Name and Inventor Martinell, Brian J

**COMPLETE IF KNOWN**

Application Number 09/683,399

Filing Date December 21, 2001

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Plant Transformation Process with Selection and Early Identification of  
Germline Events**

the specification of which (Title of the Invention)

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 12/21/2001 as United States Application Number or PCT International

Application Number 09/683,399 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/258,137	12/22/2000	

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 27161

OR

☐ Registered practitioner(s) name/registration number listed below

*Place Customer  
Number Bar Code  
Label here*

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 27161 OR ☐ Correspondence address below

Name				
Address				
Address				
City		State	ZIP	
Country		Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Brian J		Martinell	
Inventor's Signature	<i>Brian J. Martinell</i>		Date <span style="border: 1px solid black; padding: 2px;">1/7/02</span>
Residence: City	Mt. Horeb	State	WI
		Country	USA
Post Office Address	4025 State Road 78		
Post Office Address			
City	Mt. Horeb	State	WI
		ZIP	53572
		Country	

☒ Additional inventors are being named on th 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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**DECLARATION**

**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname											
Lori S				Julson											
Inventor's Signature		<i>Lori Smith Julson</i>			Date		1/7/02								
Residence: City		Lake Mills		State		WI		Country		USA		Citizenship		USA	
Post Office Address				130 E. Grant Street											
Post Office Address															
City		Lake Mills		State		WI		ZIP		53551		Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname											
Venera				Bouriakova											
Inventor's Signature		<i>[Signature]</i>			Date		1/8/02								
Residence: City		Madison		State		WI		Country		USA		Citizenship		USA	
Post Office Address				17 Haverhill Circle											
Post Office Address															
City		Madison		State		WI		ZIP		53717		Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname											
Carol A				Emler											
Inventor's Signature		<i>[Signature]</i>			Date		12-20-01								
Residence: City		Mt. Horeb		State		WI		Country		USA		Citizenship		USA	
Post Office Address				1877 Lewis Road											
Post Office Address															
City		Mt. Horeb		State		WI		ZIP		53572		Country			

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<h2 style="margin: 0;">DECLARATION</h2>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dennis E				McCabe			
Inventor's Signature	<i>Dennis McCabe</i>					Date	12/18/01
Residence: City	Middleton	State	WI	Country	USA	Citizenship	USA
Post Office Address 8777 Airport Road							
Post Office Address							
City	Middleton	State	WI	ZIP	53562	Country	

  

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Michael W				Petersen			
Inventor's Signature	<i>Michael W. Petersen</i>					Date	1/7/02
Residence: City	Hillpoint	State	WI	Country	USA	Citizenship	USA
Post Office Address E4495 Hwy GG							
Post Office Address							
City	Hillpoint	State	WI	ZIP	53937	Country	

  

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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